

NW Georgia	General Dentistry	
FINANCIAL DATA SUMMARY FOR PRACTICE	8455	4/13/2010 11:20

The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% increase in fees and overhead expense but no increase in production. This summary is not a representation or warranty of future practice performance. Purchasers should obtain qualified legal and accounting counsel prior to any purchase decisions.

PRACTICE INCOME				
EXPECTED GROSS COLLECTIONS			\$1,059,282	100.0%
	HYGIENE COMPONENT		\$317,785	30.0%
	DENTIST COMPONENT		\$741,498	70.0%
		RETAINED SELLER	\$0	0.0%
		ASSOCIATE	\$0	0.0%
		PURCHASER	\$741,498	70.0%
VARIABLE EXPENSES				
	WAGES, PAYROLL TAX, ETC.		\$411,095	38.8%
	LABORATORY		\$30,136	2.8%
	CLINICAL SUPPLIES		\$43,055	4.1%
	OTHER VARIABLE EXPENSE		\$30,195	2.9%
TOTAL VARIABLE EXPENSE INCREASE			\$514,481	48.6%
FIXED EXPENSES				
	RENT		\$0	0.0%
	PHONE, UTILITIES		\$12,726	1.2%
	LEGAL & ACCOUNTING		\$6,760	0.6%
	INSURANCE		\$7,800	0.7%
	OTHER FIXED EXPENSE		\$18,903	1.8%
TOTAL FIXED EXPENSE INCREASE			\$46,189	4.4%
DEBT SERVICE				
	INTEREST		\$72,279	6.8%
	PRINCIPAL		\$102,226	9.7%
TOTAL DEBT SERVICE			\$174,505	16.5%
SUMMARY				
EXPECTED COLLECTIONS			\$1,059,282	100.0%
EXPECTED EXPENSES			\$560,671	52.9%
DEBT SERVICE			\$174,505	16.5%
EXPECTED NET INCOME & PERCENT OF PERSONAL PRODUCTION			\$324,107	43.7%
PURCHASER PRODUCED PRODUCTION			\$741,498	70.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$102,226	13.8%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$33,375	4.5%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$459,707	62.0%
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:				
	SALES PRICE & PERCENT OF GROSS		\$698,000	69%
	WORKING CAPITAL		\$51,000	4.8%
	TOTAL LOAN		\$749,000	70.7%
	LOAN INTEREST RATE		7.25%	
	LOAN TERM IN MONTHS		84	
	MONTHLY PAYMENT		\$11,396	12.9%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$14,373	16.3%

NW Georgia**DATA SUMMARY FOR PRACTICE NUMBER 8455**

The following data is provided by the owner of the practice. It is believed to the best of the owner's knowledge to be a true and accurate representation of the facts of the practice. It is the responsibility of any purchaser to verify all information contained herein and to seek qualified counsel in the interpretation and verification thereof.

OFFICE DATA

SQUARE FOOTAGE OF OFFICE	2,450
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$4,700
PRICE PER SQUARE FOOT	\$23.02
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	12
PROXIMITY OF PARKING PLACES	Within 30 feet
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	2
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	3
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	
DATE LEASE ENDS - i.e. "1/1/04"	
TERM OF LEASE IN YEARS i.e. "5"	
YEARS REMAINING ON LEASE i.e. "2.5"	
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	Yes
PRICE OF BUILDING	\$350,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	\$1,800
ANNUAL REAL ESTATE INSURANCE COST	\$1,299
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	\$3,146
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$15.41

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Temporary fill-in
DAYS/WEEK CURRENTLY WORKED	4
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	No
RESULTS	
DESCRIBE INTERNAL MARKETING	Word of mouth, wall posters, brochures
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	Has increased every year since 1983
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	3,200
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	60
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	19
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	27
HOW FAR AHEAD IS DENTIST SCHEDULED?	four-five weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	four weeks
% PRACTICE INCOME FROM CASH	31%
% OF PATIENTS PAYING CASH	31%
% PRACTICE INCOME FROM INSURANCE	41%
% OF PATIENTS WITH INSURANCE	41%
% PRACTICE INCOME FROM HMO	21%
% OF PATIENTS WITH HMO	21%
% PRACTICE INCOME FROM PPO	
% OF PATIENTS WITH PPO	
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	7%
% OF PATIENTS WITH MEDICAID	7%
% PRACTICE INCOME WITH REDUCED FEE PLANS	28%
% OF PATIENTS WITH REDUCED FEE PLANS	28%
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 8:15 am - 5:15 pm
	TUESDAY 8:15 am - 5:15 pm
	WEDNESDAY 8:15 am - 5:15 pm
	THURSDAY 8:15 am - 5:15 pm
	FRIDAY
	SATURDAY
DENTIST HOURS WORKED PER WEEK	33
HYGIENIST HOURS WORKED PER WEEK	33
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	3,008
HYGIENE PATIENT VISITS PER YEAR	3,549
NUMBER OF DAYS WORKED PER YEAR	185
NUMBER OF WEEKS WORKED PER YEAR	47
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$135,114
SIX WEEKS ACCOUNTS RECEIVABLE	\$142,870
WHAT IS YOUR COLLECTION PERCENTAGE	97%
WHAT TYPE RECALL SYSTEM	Schedule when leaving office
WHAT TYPE COMPUTER SYSTEM	EZ Dental 2004

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	30%
OPERATIVE	43%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	1%
REMOVABLE PROSTHETICS	3%
FIXED PROSTHETICS	3%
ENDODONTICS	1%
PERIODONTICS	1%
ORAL SURGERY	1%
COSMETIC	0%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
DIAGNOSTIC	17%
TOTAL	100%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	70%
LOCATION DEMAND SCALE 0% - 100%	50%
PLAN / MEDICAID PRACTICE %	28%
ANNUAL FEE INCREASE %	4.0%
ANNUAL OVERHEAD INCREASE %	4.0%
FEE SCHEDULE	
ADULT PROPHY 01110	\$65
GOLD INLAY 02540	
TWO SURFACE POSTERIOR COMPOSITE 02386	\$160
TWO SURFACE AMALGAM 02150	\$125
CORE BUILD-UP INCLUDING PINS 02950	\$200
GOLD / PORCELAIN CROWN 02750	\$785
ANTERIOR CANAL ROOT CANAL 03310	\$525
BICUSPID ROOT CANAL 03320	\$630
LABIAL PORCELAIN VENEER 02962	\$800
AVERAGE OF FEES	\$411
PERCENT OF FEE PARITY	77%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	94,800
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	360,000
NUMBER OF DENTISTS WITHIN 5 MILES	18 general dentists
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS	1 new office, 3 new associates
MAJOR EMPLOYERS IN AREA	2 hospitals, Inland, Bekaert, Healthcare, Mohawk, Floyd County Schools, Harbin Clinic, Zartic, Kellogg, City of Rome
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$ _____	_____	_____
OFFICE MANAGER	\$35,621.50	Yes	7/10/1989
RECEPTIONIST	\$32,349.50	Yes	8/16/1999
ASSISTANT	\$31,418.00	Yes	9/18/1995
ASSISTANT	\$25,807.50	Yes	2/06/2006
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$49,290.00	Yes	5/20/2002
HYGIENIST	\$50,241.25	Yes	3/17/2004
HYGIENIST	\$57,645.00	Yes	9/07/1993
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE	3% of gross for retirement, 4 weeks vacation, uniform allowance,		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	free dental for employees and families		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/07 TO 3/20/07	2006	2005
GROSS PRODUCTION	\$239,330	\$1,284,851	\$1,147,949
HYGIENISTS	\$ _____	\$ _____	\$ _____
OWNER	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
CONFORMITY DATA			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		